



Office Use Only

CUSTOMER Checklist

- ☐ Proof of Relationship enclosed if required (birth certificates, certified court documents, etc)
- ☐ Clear photocopy of your valid, signed government Photo ID **OR** have your signature notarized
- ☐ Sign the application
- ☐ Include Self-Addressed Stamped Envelope
- ☐ Correct Fee enclosed

☐ Process
☐ Return by Mail
☐ Call
☐ Fwd AZOVR
☐ Prior

Insufficient Fee:

☐ No Fee
☐ Incorrect Fee
☐ CC Expired
☐ Need Other
 Payment Type

Identification:

- ___ ID expired/invalid
- ___ Need clear copy of ID
- ___ Need CC holder's ID with Signature
- ___ Need ID with signature

Proof of Eligibility:

☐ Need signature
☐ Applicant ineligible
☐ Not an AZ record
☐ Need Documents

Other

SFN

Request ID

Date Entered

Date Issued

Serial Numbers

Receipt #

Today's Date	# of Copies Requested	Purpose of Request	MO Credit Card Cashier's Check Payment Method (circle one)
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<div><input type="checkbox"/> F</div> <div><input type="checkbox"/> M</div>				
Date of Birth	Name on Certificate: First		Middle	Last
Town/City of Birth		County	Hospital	
Mother's First Name	Middle	MAIDEN	Date of Birth	State (if US) or Country of birth
Father's First Name	Middle	Last	Date of Birth	State (if US) or Country of birth

Applicant's Full Name - Printed	Applicant's Signature - Required			
Mailing Address	Street	City	State	Zip
Daytime telephone number		Email address		
Your relationship to person on certificate – Circle one *PROOF of relationship MUST be provided if you are NOT named on the certificate.				
<i>Parent</i>	<i>Self</i>	<i>Brother\Sister</i>	<i>Grandparent</i>	<i>Legal Guardian</i>
<i>Spouse</i>	<i>Gov't Agency</i>	<i>Other</i>		

Gov't Issued ID (OFFICE USE ONLY)
Documents Verified (OFFICE USE ONLY)

State of _____ County of _____

On this _____ day of _____, 20 _____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.

Notary Signature _____ My Commission Expires _____

Affix Seal/Stamp Here

Payment Information

_____ - _____ - _____ - _____
Card Number

____/____
Card Expiration Date

☐ VISA ☐ MC

Signature of Card Holder

\$20.00 X _____ = \$ _____
of paid Copies Requested Amount to be Charged

***Must attach copy of credit card holder's valid government photo ID with signature**